

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577825

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2		1						52					
3	2							53					
4	0							54					
5	0							55					
6	0							56					
7	0							57					
8	0							58					
9	0							59					
10	0							60					
11	0							61					
12	0							62					
13	0							63					
14	0							64					
15	0							65					
16	0							66					
17			1					67					
18				1				68					
19					1			69					
20						1		70					
21							1	71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33				1				83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1		1										
TOTAL DEP.	16	←	16	←				↓		↓		↓	
TOTAL CLAIMS	17		17										